(c) The information is being collected and will be laid on the Table of the Sabha.

Works undertaken through contractlabour in tbe Southern Railway

125. SHRI VALAMPURI JOHN; Will the Minister of TRANSPORT be pleased to state:

(a) whether it is a fact that the Southern Railway is undertaking vital works through contract labour affecting railway safety such as deep screening work, removal of points and crossings and relaying of tracks; and

(b) if so, the action Government have taken against the erring officials since this is in gross violation of the Railway Board's directive?

I HP MINISTER Of TRANSPORT (SHRI BANSI LAL): (a) Southern Railway is undertaking some works of deep screening and relaying of tracks through contracts.

(b) Does not arise as it is not in violation of the Railway Board's directive.

Electrification of track in South India

126. SHRl B. SATYANARAYAN! REDDY; Will the Minister of TRANSPORT be pleased to state:

(a) whether it is a fact that the Railway Board has taken a decision to stop further electrification of track in the entire South India:

(b) if so, the details of the sanctioned projects which are likely to be adversely effected by this decision and

(c) what ar$_e$ the reasons therefor?

THE MINISTER OF TRANSPORT (SHRI BANSI LAL): (a) to (c) Priorities for electrification in the 7th Plan are to first complete electrification of Delhit Bombay (both Central and Western Railway Routes), Delhi-Madras G. T. Route, Howrah-Bombay via Nagpur route and Colliery lines in Cnandrapura Complex and some other small sections on operational considerations. In view of this and constraint of resources, taking up of the sanctioned works of electrification of Kazipet-Sanat Nagar and Jollarpettai Bangalore sections will be reviewed at th© end of the 7th Plan.

Recognition of hawkers at Railway Sation*

127. SHRI PARVATHANENI UPENDRA: Will the Minister of TRANSPORT be pleased to state:

(a) whether Government have received representations from the Howrah Railway Station Hawkers' Union and South Eastern Railway Hawkers' Union regarding their harassment at the railway stations and for their recognition on the pattern of the railway licence vender; and

(b) if so, what is the action taken by Government in this regard?

THE MINISTER OF TRANSPORT (SHRI BANSI LAL): (a) Yes, Sir.

(b) The demand of unauthorised hawkers to give them vending licenses or employment has not been accepted.

Evaluation of the National Tuberculosis Control Programme

128. SHRI R. SAMBASIVA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news report published in the Indian Express, the 20th March, 1986 about high incidence of T.B. in India;

(b) whether it is a fact that about 6 lakh 40 thousand persons die of TB in India every year;

(c) whether any evaluation has been made of the National Tuberculosis Control Programme launched in 1962 and the District Tuberculosis Control Programme evolved by the National Tuberculosis Institute, Bangalore;

(d) whether it is also a fact that both these programmes have totally failed in their objectives to control tuberculosis by 1978;

(e) what action has been taken by Government to check the spread of TB in the country; and

(f) whether the drugs and the BCG vaccine to control TB are available in sufficient quantities in the country at prices within the reach of the common man?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) Yes, Sir.

(b) No, Sir, Tuberculosis is net a noti* liable disease nor reliable data regarding the exact number of deaths which occur due to TB disease in the country annually are available. However, on the basis of limited studies conducted in the field area of National TB Institute, Bangalore, it has been observed that the mortality rate due to tuberculosis which was estimated to be about 80 per, 100,000 population in early 1970s, has now corae down to about 53 per 100,000 population. Similar studies conducted by the New Delhi TB Centre in the Union Territory of Delhi indicates that the mortality rate have come down to about 40 per 100,000 population.

(c) A Committee constituted under the Chairmanship of late Col. R .Vishwana than observed that much headway has been made in regard to the organization of comprehensive TB control programme in the country and that it is neither necessary nor feasible to change general pattern of the existing oranization for TB control which at present is based mainly on the District Control Programme. An in-built mechanisation of evaluation has also been laid under the National TB Control Programme, whereby detailed work reports of the individual districts TB Centres from all over the country are obtained on quarterly basis by the National TB Institute at Bangalore so that the performance of the individual district TB 'Centre is assessed regularly.

(d) No, Sir. There was no objective laid down for control of TB in the country up to 1978. The objective was to meet the health needs of the suffering population and reduce death rate. With the implementation of District TB Control Programme more and more number of unknown TB cases are being detected and Heated every year.

(e) Under the National TB Control Programme the treatment, diagnostic and preventive facilities in the existing medical and health institution locaied in the districts are being established in every district of the country. 364 major districts have been provided with equipped and staffed district TB Centres. In addition, there are another about 300 TB clinics which are participating in TB case detection and treatment facilities. The BCG vaccine is also being offered to the new borns and infants as a component of the Expanded Programme of Immunisation.

(f) Anti-TB drugs for free treatment of the TB patients are being supplied to all the District TB Centres run by the State Governments and to the TB Clinics run by the Voluntary Bodies. In addition the State Govts, etc. are also procuring ing anti-TB drugs as per the requirements out of their own budget so that sufficient quantities of drugs for treatment of TB patients is made available at each of the institutions, BCG vaccine is being supplied free of cost to the State|UTs. etc. as a part of EPT Programme for giving to the new borns and infants.

Measures for reducing diarrhoeal deaths

129. SHRI PARVATHANENI UPENDRA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government's attention has been drawn to the news report published in the *Indian Express* of the 20 March, 1986 under the caption "Urgency of reducing diarrhoeal deaths" and state;

(b) whether it is a fact that about 500 infants out of every 1000 and 200 preschool children out of 1000 die because of acute'diarrhoeal disease; and

(c) if so, what measures have been taken by Government to check the incidents o f diarrhoeal deaths of infants and children in the country?